

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Submission date: 09/29/2016	Contact person (if different than reporter)	Internal ID 1-45074284
Administrative Data	Address: Prince Edward Island Nova Scotia		Address: <div style="font-size: 2em; text-align: center;">- 010</div>	
	Phone #: <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Phone #:	
	Incident Status: New	Location and date of incident Prince Edward Island Nova Scotia 07/02/2016	Date registrant became aware of incident: 8/2/2016	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) 29341	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Glyphosate, Mesotrione, S-Metolachlor	A.I. (s)	A.I. (s)	
	Product 1 Name Hulex GT Herbicide	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation - Liquid	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes	
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

Personal privacy information

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8/2/2016 7:39:35 AM Halex GT

Hx: A month ago he got some of the diluted product on his hands when a hose broke. he washed them shortly thereafter and felt a bit of burning/irritation at the time. It subsided, but he says he's felt a tingling sensation all over his body every so often since then.

A: I would not expect Halex GT to be related to the tingling you're feeling this long after initial exposure to it. I do not expect the product to absorb through the dermis and get into your system based on the exposure you have described.

- Skin exposure may result in irritation and redness, which should gradually subside following irrigation.*
- Please call back with any additional questions or concerns.*

8/20/2016 8:05:09 AM

HX: The caller reports about 1 month ago he used the diluted product and may have gotten some on his hands in which 1 hand had a cut on the back of it. He did wash his hands but he is unsure if he did it good enough or not and the product soaked into his cut and got into his system. For the last 3 weeks, he has had a burning/tingling sensation all over his body. It is constant. It first started down his arms, then legs, and up on his chest/back and now in his head. He has been to the doctor but they can't find anything wrong.

A:

- Discuss the product contains several herbicides which could cause some skin irritation that would occur soon after exposure and would expect to resolve rather quickly.*
- Would not expect these types of symptoms and the product would not get into the system or stay in his system.*
- Rec to continue to work with doctor's but likely can rule this out.*
- Please CB if further questions or concerns.*

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Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Dermal Irritation, Unable to determine; Tingling, Unable to determine;</i>		If lab tests were performed, list test names and results (if available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-45074284

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